

CY 2001 Local Plan Guidelines

I. Plan Cover Sheet and Contact Persons

Identify the county or tribal area served by the program, the local agency submitting the plan and what programs are covered by the plan. Indicate the appropriate local contact persons.

County Served by Program: _____

Agency Submitting Plan: _____

Programs included in plan:

☐ **Safe and Stable Families (formerly Family Preservation and Support)**

☐ **Title IV-E Incentive Funds**

Note: Check both boxes if submitting a combined plan.

If combined plan, list other agencies involved (if applicable):

Local Program Manager: _____

Agency:

Address:

City/Zip:

Phone:

Email:

Local Fiscal Contact: _____

Agency:

Address:

City/Zip:

Phone:

Email:

Person Who Wrote Plan: _____

Agency:

Address:

City/Zip:

Phone:

Email:

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II. Program Assurances and Questions

Assurances:

- ☐ **IV-E.** 50% of the IV-E Incentive funds will be spent on services to children who are at risk of abuse or neglect to prevent the need for child abuse and neglect intervention services.
- ☐ **IV-E.** The county will maintain its non-supplanting, maintenance of effort expenditure level, as required by DCFS Memo 98-02.
- ☐ **SSF.** A minimum of 25% of the SSF funds will be spent in each of the following categories of services – Family Support, Family Preservation and Family Reunification.
- ☐ **SSF.** The county has a local planning committee with membership representing a variety of community perspectives. This committee can do planning or coordination for other programs or services as well as the SSF program. Note: Please attach a list of the current members of the local planning committee to this plan, including their name, the agency/program they represent and indicate which person currently serves as the chair of the planning committee.
- ☐ **Both.** The contract recipient agency has processes in place with subcontract agencies to ensure compliance with the IV-E and SSF minimum expenditure requirements.

Comments on assurances (if any):

Questions:

1. **Both.** Describe how outcomes related to child safety, permanence and well-being are used to determine the effectiveness of local services or projects funded with IV-E or SSF funds?

2. **Both.** Describe the local referral process used to enable children and families currently receiving child protective and/or out-of-home care services from the county child welfare agency to receive services from the IV-E or SSF service provider agencies.

3. **SSF.** Describe how the SSF program coordinates with the county child welfare program to deliver SSF program services to families who are being served by the county child welfare program.

4. **SSF.** Describe actions the SSF lead agency has taken to implement the new federal requirement that a minimum of 25% of SSF program funds be spent on time-limited services to reunify children in out-of-home care with their families. Explain how SSF reunification services are supportive of the reunification permanency plans for children.

5. **IV-E.** Describe if IV-E Incentive funds are currently used or may be used in the future as local match to leverage other services for children and families, including social services, health care services, employment and training services, and other programs or services which may have a matching requirement.

III. Project Descriptions and Budget Table

Service Category / Project Name	Project Description	Target Population	Service Strategy / Service Level	Funding Amount for CY 2001	Fund Source
Family Support					
Fam Preservation					
Fam Reunification					
Post-Placement					
Youth Develop					
Independ Living					

Other Services					
Staff/Training					
WiSACWIS					
Program Admin					

Note: Expand the table as necessary to list all IV-E and SSF projects,

Footnotes:

- 1.
- 2.

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IV. Budget Subtotals Worksheet

IV-E Incentive Funds - At least 50% of the CY 2001 IV-E allocation must be spent on services to children at risk of abuse or neglect to prevent the need for child abuse and neglect intervention services. Local agencies should compute the amount of IV-E funds related to abuse and neglect as shown in the Project Descriptions and Budgets table and compute the percentage.

For the projected carryover from CY 2000, counties should estimate the potential carryover amount and the portion of their carryover that must be used for services related to abuse and neglect. The 50% requirement applies to each year of IV-E funding and continues to apply if underspending occurs among the portion of the county's IV-E funds subject to the 50% requirement. Other carryover funds that could be used for flexible purposes in the year received can continue to be used for flexible purposes when carried forward. This includes any flexible IV-E funds carried forward for use with WiSACWIS implementation.

Example: A county received \$100,000 of IV-E funds in each of CY 1998, 1999 and 2000 and spent the following amounts on services related to abuse and neglect - \$40,000 in 1998, \$50,000 in 1999 and projects to spend \$60,000 in 2000. Of the carryover funds, at least \$10,000 needs to be used for services related to abuse and neglect to make up for underspending the 50% requirement in 1998. The remainder of the carryover funds can be used for flexible purposes.

	Funding Amount	Abuse/Neglect Amt.	% of Total
CY 2001 Allocation			
Projected Carryover			
-Total Carryover	_____	---- N.A. ----	
-Abuse/Neglect Amt.	_____	_____	
-Flexible Amount	_____	---- N.A. ----	
Subtotal, CY 2001 Plus Carryover			

SSF Program - At least 25% of the total CY 2001 SSF funds must be used in each of the Family Support, Family Preservation and Family Reunification categories. Local agencies should compute the amount of SSF funds related to the three SSF required categories as shown in the Project Descriptions and Budgets table and compute the percentages.

	Funding Amount	% of Total
CY 2001 Allocation		
Family Support		
Family Preservation		
Family Reunification		

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V. Project Outcomes and Measures Table

Service Category / Project Name	Outcome Indicator	Success Measure / Data Source
Family Support		
Fam Preservation		
Fam Reunification		
Post-Placement		
Youth Develop		
Independ Living		
Other Services		

Note: Expand the table as necessary to list all IV-E and SSF direct service projects,

Footnotes:

- 1.
- 2.

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VI. Quality Assurance and Technical Assistance

1. Describe the procedures used by the county to monitor the quality of IV-E and SSF program services provided by subcontracted service providers. Describe if subcontracted service providers submit progress reports, program evaluations, customer surveys or other information to allow the county to assess the effectiveness of program services. Explain how the county works with subcontracted service providers to improve the quality of services.
2. Describe any technical assistance you would like from the department for IV-E or SSF program operation in CY 2001. For each technical assistance need, please list the specific type of assistance needed and a specific contact person for DHFS to follow-up with.

Need #1:

Contact person:

Need #2:

Contact person:

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VII. Signature Page

Contract Recipient Agency:

Name _____ Date _____
Signature

Name/Title _____

Agency _____ County _____

Lead Agency for Program:

Name _____ Date _____
Signature

Name/Title _____

Agency _____ County _____

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Other Signatures for Combined Plans:

Name _____ Date _____
Signature

Name/Title _____

Agency _____ County _____

****** Add More Signature Lines If Needed ******